

**Political Organization  
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

**A** For the period beginning 01/01/2013 and ending 06/30/2013

**B** Check applicable box: ☐ Initial report ☐ Change of address ☒ Amended report ☐ Final report

**1** Name of organization HOWARD COUNTY REPUBLICAN CLUB **Employer identification number** 90 - 0545182

**2** Mailing address (P.O. box or number, street, and room or suite number)  
PO BOX 8581

**City or town, state, and ZIP code**  
Elkridge, MD 21075

**3** E-mail address of organization: treasurer.hcrc@gmail.com **4** Date organization was formed: 04/01/2010

**5a** Name of custodian of records Barbara L. Nye **5b** Custodian's address  
7239 Lyndsey Way  
Elkridge, MD 21075 -

**6a** Name of contact person Oliver P. Ditch **6b** Contact person's address  
5945 Abrianna Way Unit E  
Elkridge, MD 21075 -

**7** Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  
PO BOX 8581

**City or town, state, and ZIP code**  
Elkridge, MD 21075

**8** Type of report (check only one box)

- |  |   |
|--|---|
| <input type="checkbox"/> First quarterly report<br>(due by April 15)                           | <input type="checkbox"/> Monthly report for the month of:<br>(due by the 20th day following the month shown above, except the<br>December report, which is due by January 31) |
| <input type="checkbox"/> Second quarterly report<br>(due by July 15)                           | <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election)  |
| <input type="checkbox"/> Third quarterly report<br>(due by October 15)                         | (1) Type of election:   |
| <input type="checkbox"/> Year-end report<br>(due by January 31)                                | (2) Date of election:   |
| <input checked="" type="checkbox"/> Mid-year report (Non-election<br>year only-due by July 31) | (3) For the state of:   |
|  | <input type="checkbox"/> Post-general election report (due by the 30th day after general election)  |
|  | (1) Date of election:   |
|  | (2) For the state of:   |

**9** Total amount of reported contributions (total from all attached Schedules A) ..... **9.** \$ 4190

**10** Total amount of reported expenditures (total from all attached Schedules B) ..... **10.** \$ 3932

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Barbara L. Nye

07/31/2013

**Sign  
Here**



Signature of authorized official



Date

**Schedule A Itemized Contributions**

Schedule A

**Contributor's name, mailing address and ZIP code**

Oliver P. Ditch  
5945 Abrianna Way Unit E  
Elkridge, MD 21075 -

**Name of contributor's employer**

Not Employed

**Contributor's occupation**

Retired

**Aggregate contributions year-to-date**

\$ 440

**Amount of contribution**

\$ 120

**Date of contribution**

03/26/2013

**Contributor's name, mailing address and ZIP code**

Aggregate below threshold  
PO BOX 8581  
Elkridge, MD 21075

**Name of contributor's employer**

NA

**Contributor's occupation**

NA

**Aggregate contributions year-to-date**

\$ 3750

**Amount of contribution**

\$ 3750

**Date of contribution**

06/30/2013

**Contributor's name, mailing address and ZIP code**

Oliver P. Ditch  
5945 Abrianna Way Unit E  
Elkridge, MD 21075 -

**Name of contributor's employer**

Not employed

**Contributor's occupation**

Retired

**Aggregate contributions year-to-date**

\$ 440

**Amount of contribution**

\$ 320

**Date of contribution**

04/26/2013

**Schedule B Itemized Expenditures**

Schedule B

**Recipient's name, mailing address and ZIP code**Spirit Cruises  
561 Light Street  
Baltimore, MD 21202 -**Name of recipient's employer**

NA

**Recipients's occupation**

NA

**Amount of Expenditure**

\$ 1264

**Date of expenditure**

04/04/2013

**Purpose of expenditure**

Baltimore Harbor Cruise for membership social activity

**Recipient's name, mailing address and ZIP code**Spirit Cruises  
561 Light Street  
Baltimore, MD 21202 -**Name of recipient's employer**

NA

**Recipients's occupation**

NA

**Amount of Expenditure**

\$ 500

**Date of expenditure**

03/01/2013

**Purpose of expenditure**

Baltimore Harbor Cruise for membership social activity

**Recipient's name, mailing address and ZIP code**Aggregate below threshold  
PO BOX 8581  
Elkridge, MD 21075**Name of recipient's employer**

NA

**Recipients's occupation**

NA

**Amount of Expenditure**

\$ 2168

**Date of expenditure**

06/30/2013

**Purpose of expenditure**

Various